

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	10/618791		FILING DATE	
						APPLICANT(S)	CLAIMS			
CLAIM NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS			
	BUD	DEP	BUD	DEP	BUD	DEP	BUD	DEP	BUD	DEP
1	1		1		1		51			
2	1		1		1		52			
3	1		1		1		53			
4	1		1		1		54			
5	1	1	1	1	1	1	55			
6	1		1		1		56			
7	2		2		2		57			
8	1		1		1		58			
9	1		1		1		59			
10	1		1		1		60			
11	1		1		1		61			
12	1		1		1		62			
13	1		1		1		63			
14	1		1		1		64			
15	1		1		1		65			
16							66			
17	1		1		1		67			
18	1		1		1		68			
19	1		1		1		69			
20	1		1	1	1		70			
21							71			
22	1		1		1		72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL BUD.			9	14	16		TOTAL BUD.			
TOTAL DEP.			23	23	14		TOTAL DEP.			
TOTAL							TOTAL			

BEST AVAILABLE COPY

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